

<b>Case Number:</b>	CM13-0066959		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58 year old male who was injured in October of 2001 at which time he apparently slipped on an oil spill. He is diagnosed with Major Depression. He has a history of suicidal ideation and has been hospitalized in the past for his psychiatric condition. The provider is requesting coverage for Individual therapy, 3 times per week for 12 months for a total of 36 sessions, Stress Management 2 times per week for 12 months for a total of 24 sessions, Celexa 40mg, #30 with 11 refills, Gabapentin 600mg, #30 with 11 refills, Seroquel 200mg, #30 with 11 refills, Mirtazapine 45mg, #45 with 11 refills, Mirtazapine 45mg, #45 with 11 refills, Transportation to all medical appointments for twelve months, and 24/7 health care assistance for 12 months. The previous reviewer noncertified coverage for the last two services and modified the others to cover 3 months only. This is an independent review for medical necessity for the noncertified services, inclusive of the original requests noted above.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Individual therapy, 3 times per week for 12 months for a total of 36 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental, Cognitive Behavioral Therapy.

**Decision rationale:** The patient's condition is described as stable from a psychiatric standpoint the records repeatedly indicate maximal medical improvement in his mental condition. It is therefore unclear why he would need continued therapy three times weekly. ODG indicates up to 50 sessions if progress is being made. The records clearly indicate that no progress has been made for quite some time and it appears that the number of sessions to date has far exceeded that recommended in the above cited reference. As such the data reviewed do not support ongoing psychotherapy for this patient.

**Stress Management 2 times per week for 12 months for a total of 24 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Assessments Page(s): 100, 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental, Cognitive Behavioral Therapy.

**Decision rationale:** California MTUS, ACOEM and ODG are silent on stress management therapy per se. However this is a form of CBT and the guidelines stipulate continued treatment as contingent on improvement as detailed above. As noted there has been no appreciable change in the patient's GAF score for some time and the records indicate that the patient has been stabilized with maximal medical improvement. Therefore there is no clinical indication for twice weekly cognitive therapy for stress management in this patient.

**Prescription of Celexa 40mg, #30 with 11 refills (total quantity: 360):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitor (SSRIs) Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** ACOEM guidelines indicate a brief course of antidepressant therapy. This patient has been on Celexa for over a year. Given this scenario, ongoing therapy with antidepressant medication over the long term is not indicated according to the above.

**Prescription of Gabapentin 600mg, #30 with 11 refills (total quantity: 360):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain interventions and Treatments Page(s): 18-19.

**Decision rationale:** State of California MTUS indicates this medication for chronic pain. The patient is in significant pain according to the records submitted and will likely need this drug on an ongoing basis. Since the guidelines are silent on length of treatment and since the clinical situation warrants ongoing use of this medication it is assumed to be medically necessary.

**Prescription of Seroquel 200mg, #30 with 11 refills (total quantity: 360):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The patient has a diagnosis of Major Depression with Psychosis, for which Seroquel is indicated. This is a continuation of medication which is already prescribed. While the above reference places some stipulation on antipsychotic use, it does recommend continuing their use. As such this medication appears to be recommended according to evidence based best practice standards as set forth in the ACOEM Guidelines.

**Prescription of Mirtazapine 45mg, #45 with 11 refills (total quantity: 540):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** ACOEM guidelines indicate a brief course of antidepressant therapy. This patient has been on Remeron for many years. Thus ongoing antidepressant therapy is not indicated according to the above citation.

**Transportation to all medical appointments (months) (total quantity: 12):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The data reviewed does not give a psychiatric contraindication to driving or using public transportation. Review of evidence based best psychiatric practices according to the above textbook does not indicate any psychiatric condition for which livery services for the purpose of accessing psychiatric or medical services is medically necessary.

**24/7 health care assistance (HCA) to closely monitor (days) (total quantity: 365): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The above states that the services in question are "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004). The patient appears to have motility problems but there is no indication that he is homebound due to his psychiatric condition. While he has a history of suicidal ideation, the prevailing standard of psychiatric care does not include 1:1 supervision on a 24 hour basis in ambulatory patients and there is no evidence indicating that such supervision is likely to mitigate suicide risk.